

Attorney Docket No.: NVID-P000140

1 2181

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

envelope		ss Postage and addresse		s being deposited with the Uniter oner for Patents P.O. Box 1450.					
Date of	June 21, 2007	Name of Person	Mina Oliveri	Signature of the Person	m	n Oli			
Deposit:		Making the Deposit:	<u> </u>	Making the Deposit:	11W	n Ull			
In re Ap	pplication of: D	avid B. Kirk							
Applica	tion No.: 09/45	54,941		Examiner: Kim, H.					
Filed: 12/2/1999			Art Unit: 2181						
Confirm	nation No.: 444	16							
For: ME	ETHOD AND S	SYSTEM FOR PROV	/IDING A COM	MAND STREAM IN A CO	MPUTE	R SYSTEM			
P.O. Bo									
Alexand	dria, VA 2231		AMENDMENT '	TRANSMITTAL					
1.	Transmitted h	nerewith is an amend	dment for this a	pplication					
X Tra	ansmitted here		o an office actio	on for the above identified	patent a	application.			
			sheets of subst	titute formal drawings.					
Ot	ilei.								
2.	Applicant is other than a small entity								
			Extension o	f Term					
3.	The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply.								
(a)	[X] Applicant petitions for an extension of time under 37 C.F.R. 1.136 (fees: 37 C.F.R. 1.17(a)-(d) for the total number of months checked below:)								
		Extension [X] one month [] two months [] three months [] four months [] five months		Fee \$120.00 \$450.00 \$1,020.00 \$1,590.00 \$2,160.00 Fee \$ 120.00					
If an ad	ditional extens	sion of time is require	ed, please cons	sider this a petition therefo	or.				
	made to prov			erm is required. However has inadvertently overlook		nditional petition			
	In			06/25/2007	EHAILE1	00000077 09454941			
				01 FC:1251		120.00 O			

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Fee Calculation

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

(for other than a small entity)										
Fee Items	Claims Remaining After Amendment	Highest Number of Claims Previously Paid For	Present Extra Claims	Fee Rate	Total [.]					
Total Claims	19	- 28 =	0	x \$50.00	\$0.00					
Independent Claims	3	- 3 =	0	x \$200.00	\$0.00					
Multiple Dependent Claim Fee (one or more, first added by this amendment) \$360.00										
Total Fees										

PAYMENT OF FEES

- 5. The full fee due in connection with this communication is provided as follows:
- [X] The Commissioner is hereby authorized to charge any additional fees associated with this communication or credit any overpayment to Deposit Account No.: <u>50-4160.</u>
 A <u>duplicate copy</u> of this authorization is enclosed.
- [X] A check in the amount of \$120.00
- [] Charge any fees required or credit any overpayments associated with this filing to Deposit Account No.: 50-4160.

Please direct all correspondence concerning the above-identified application to the following address:

MURABITO, HAO & BARNES LLP

Two North Market Street, Third Floor San Jose, California 95113 (408) 938-9060 Customer No: 45594

Respectfully submitted,

Date: June 21, 2007

Reginald A. Ratliff Reg. No. 48,098